

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0291403	(X3) Date Survey Completed 02/26/2026
Name of Provider or Supplier Christopher G Nelson Md Pa	Street Address, City, State 350 6th St S, Saint Petersburg, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	An announced CLIA recertification survey was conducted at Christopher G Nelson MD PA on 02/26/2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
D2038	<p>MYCOLOGY CFR(s): 493.827(a)</p> <p>(a) Failure to attain an overall testing event score of at least 80 percent is unsatisfactory performance.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the lab failed to attain at least an 80% on one of five test events for the analyte dermatophyte. Findings include: 1. The test results from the American Proficiency Institute for test event(s) (TE) 2 and 3 of 2024, and TE 1, 2, and 3 of 2025 for the analyte dermatophyte were reviewed. The lab scored a zero for TE 2 in 2024. 2. Interview with the Technical Consultant on 02/26 /2026 at 10 a.m. confirmed the above.</p>
D6080	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(c)</p> <p>(c) The laboratory director must: (c)(1) Be onsite at least once every 6 months, with at least 4 months between the minimum two on-site visits. Laboratory directors may elect to be on-site more frequently and must continue to be accessible to the laboratory to provide telephone or electronic consultation as needed; and (c)(2) Provide documentation of these visits, including evidence of performing activities that are part of the laboratory director responsibilities.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on record review and staff interview, the Laboratory Director failed to develop a policy specifying how they would document onsite visits that were performed every 6 months for one of one year reviewed. Findings include: 1. Quality Assurance documents and policies were reviewed. No document could be found reflecting the Laboratory Director documented on-site visits every 6 months in 2025. No policy could be found regarding onsite 6 month visits. 2. Interview with the Laboratory Director on 02/26/2026 at 11:30 a.m. confirmed the above.